

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046549

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: FOUR SEASONS POOL MAINTENANCE, INC.

## Current Principal Place of Business:

3769 SOUTH CONGRESS AVE  
LAKE WORTH, FL 33461

## New Principal Place of Business:

P.O. BOX 354362  
PALM COAST, FL 32135

## Current Mailing Address:

3769 SOUTH CONGRESS AVE  
LAKE WORTH, FL 33461

## New Mailing Address:

P.O. BOX 354362  
PALM COAST, FL 32135

FEI Number: 65-0751516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, WILLIAM H  
3769 SOUTH CONGRESS AVE  
LAKE WORTH, FL 33461 US

## Name and Address of New Registered Agent:

JONES, WILLIAM H  
P.O. BOX 354362  
PALM COAST, FL 32135 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JONES, WILLIAM H  
Address: 3769 SOUTH CONGRESS AVE  
City-St-Zip: LAKE WORTH, FL 33461

Title: V ( ) Delete  
Name: JONES, ANGELA M  
Address: 3769 SOUTH CONGRESS AVE  
City-St-Zip: LAKE WORTH, FL 33461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JONES, WILLIAM H  
Address: P.O. BOX 354362  
City-St-Zip: PALM COAST, FL 32135

Title: V (X) Change ( ) Addition  
Name: JONES, ANGELA M  
Address: P.O. BOX 354362  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA M JONES

V

04/22/2005

Electronic Signature of Signing Officer or Director

Date